Division of Corporation Division of Corporation Parida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

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ACCOUNT Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-1092 Fax Number : (850)878-5368

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Foreign Limited Liability Company NF II/C1 Fort Myers Gulf Center, LLC

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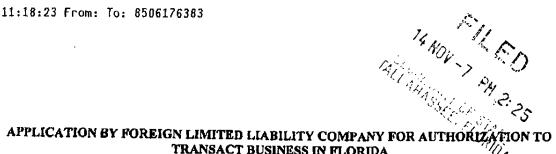
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11/7/2014

COVER LETTER

TA	.			
	Registration Section Division of Corporations			
SUBJECT	r: NF II/CI Fort Myers Gulf	Center, LLC		
	________\	Name of Limited Liability Company		
l'he enclos Existence,	sed "Application by Foreign L and check are submitted to re	imited Liability Company for Authorization to Transact Business in Florida," Certificate orgister the above referenced foreign limited liability company to transact business in Florida		
iense rem	rn all correspondence concert	ning this matter to the following:		
	Kathryn J. Dady			
		Name of Person		
	Morris Manning & Martin LLP			
	<u>-</u>	Firm/Сомр ы ну		
	3343 Peachtrue Road N	IE, Suite 1600		
		Address		
	Atlanta, GA 30326			
		City/State and Zip Code		
	kdady@mmmlaw.com	·		
	E-m	tail address: (to be used for future minual report notification)		
or further	information concerning this m	nauer, please call:		
		246		
_	Name of Conto	ct Person Area Code Unytime Telephene Number		
Div	AILING ADDRESS: vision of Corporations	STREET ADDRESS: Division of Corporations		
Registration Section P.O. Box 6327		Registration Section Clifton Building		
	llahassee, FL 32314	2661 Executive Center Circle Tallahussee, FL 32301		
nclosed i	is a check for the followi	ng amount:		
		0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate		



TRANSACT BUSINESS IN FLORIDA

FOREIGN LIMITED LIABILITY COMPANY TO TRANSAC	STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER . TBUSINESS IN THE STATE OF FLORIDA:
NF II/CI Fort Myers Gulf Center, LLC	
(Name of Foreign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of the company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name must include "Limited
Delaware	3 Applied for
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
Upon registration	<u> </u>
(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, if prior to registration.) , F.S. to determine penalty liability)
3424 Peachtree Road NE, Suite 2000	
Atlanta, GA 30326	
(Street Address	s of Principal Office)
3424 Peachtree Road NE, Suite 2000	
Atlanta, GA 30326	
(Mail:	ng Address)
7. The name, title or capacity and address of the pers	son(s) who has/have authority to manage is/are:
NP II - M Ponfolio Holdings REIT, LLC . Manager	
424 Peachtree Road NE, Suite 2000	
stlanta, GA 30326	
aving custody of records in the jurisdiction under the eceptable. If the certificate is in a foreign language, a just be submitted)	translation of the certificate under oath of the translator
The	f
	Bulhorized person itutes an affirmation under the penalties of perjury that the facts stated herein are true of State constitutes a third degree felony as provided for in s.817.155, F.S.)
James E. Conley, Jr., Authorized Pers	
Typed or printed	name of signee

FL057 - 01/16/2014 Waters Klumer Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liabilit	ly Company is:			
NF II/CI Fort Myers Gulf Center, LLC					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name i	and the Florida street a	address of the registered agent and office are:			
	C T Corporation System	nı			
	(Name)				
	1200 South Pinc Island Road				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	PL 33324			
		City/State/Zip			
liability compa registered ager statutes relatin accept the oblig Statutes.	ny at the place designant and agree to act in the groper and congations of my position of T Corporation Sys	ent and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida			
	By:	(Signature) Nathan S. Giffin Asst. Secretary			
	5	100.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)			

Delaware

DACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NF II/CI FORT MYERS GULF CENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5630071 8300

141380170

You may varify this certificate online at corp. delevere.gov/authver.ahtml

Jeffrey W. Bullock, Secretary of State

UTHENTY CATION: 1842326

DATE: 11-06-14